

## Delta Dental Plan Benefits

This table summarizes benefits under this dental plan. Refer to your employee handbook for coverage details.

PLAN BENEFITS	DELTA DENTAL PLAN		
	<i>DPO Network</i>	<i>Out-of-Network</i>	
Your Plan Year Deductible	\$0	\$50 individual \$150 family	
Maximum Plan Year Benefit	\$2,000 per person	\$1,000 per person	
Preventive Treatment (oral examinations, teeth cleanings, x-rays)	100%*	100%** (deductible doesn't apply)	
Routine Treatment (fillings, extractions, treatment of gum disease)	80%*	80%**	
Major Treatment (crowns, bridges, dentures)	80%*	80%**	
Emergency Treatment	80%*	80%**	
Dental Accident	100%	100% (deductible doesn't apply)	
Orthodontia	50%; \$2,000 lifetime maximum for child; \$1,000 lifetime maximum for adult	50% (deductible doesn't apply); \$2,000 lifetime maximum for child; \$1,000 lifetime maximum for adult	
Preexisting Conditions	None	None	

\* Based on DPO approved fees. \*\* Based on Delta Dental approved fees.

**YOU & YOUR DEPENDENTS MAY USE  
DIFFERENT DENTISTS**

### NEED MORE INFORMATION?

Check Delta Dental's web page, or find Delta's information through the City's intranet address; or

Ask your Departmental Payroll/Personnel Assistant for dental plan details.